

Supplement 1. Healthcare-seeking behaviours of slum residents reported by included studies and associated factors.

Subcategory	Author (year)	Participants	Country	Study design	Methodology	Outcome	Factors of interest
General healthcare seeking behaviour	Pakhare (2021) ⁵⁵	Slum residents diagnosed hypertension or diabetes	India	Prospective study	Quantitative	Linking to healthcare facilities	Age; wealth; distance to facilities ; early engagement by healthcare workers
	Gaiha (2020) ¹²¹	Hetero-couples in slums	India	Cross-sectional study	Mixed method	Ability to attend any health promotion activity	Lack of time related to work as a reason for low male participation
	van der Heijden (2019) ¹²⁰	Female workers and key informants in slums	Bangladeshi	Cross-sectional study	Qualitative	Healthcare-seeking behaviour	Competing interest (ability to work and income)
	Aleemi (2018) ¹¹⁸	Slum residents	Pakistan	Cross-sectional study	Quantitative	Healthcare-seeking behaviour	Household income; government facility; NGO facility
	Wekesah (2019) ¹³⁹	Slum residents	Kenya	Cross-sectional study	Qualitative	Care-seeking and adherence to treatment for CVD	Cost of healthcare; lack of healthcare facilities
	Kar (2017) ⁵⁸	Slum residents	India	Cross-sectional study	Quantitative	Undiagnosed hypertension	Sex; poverty; unskilled laborer; literacy
	Mistry (2016) ⁷¹	TB patients in slums	India	Retrospective study	Quantitative	Delays in care seeking	Perception of symptoms; home remedies; not want to miss work; provider shopping; delay in advising TB-relevant tests; referral.
	Kulkarni (2016) ⁷⁰	Women in slums	India	Cross-sectional study	Quantitative	Participation in breast cancer screening	Age; education; religion; Mother tongue; occupation; marital status; tobacco habits; family history of cancer; history of cancer screening
	Misra (2017) ¹⁰¹	Slum households	India	Cross-sectional study	Quantitative	Health-seeking practice for cataract	Lack of time, fear of surgery, financial difficulties

	Ramagiri (2020) ⁷⁷	Slum residents with diabetes	India	Case control study	Mixed-method	Uptake of diabetic retinopathy screening	Realization of consequences of disease; travel assistance and proximity of the screening facility; absence of an accompanying person; cost
Healthcare for children	Mohanty (2021) ⁵⁴	Caregivers of under-five children in urban slums,	India	Cross-sectional study	Quantitative	Healthcare seeking for children	Sex of child; size of the household; social group of caregiver, mother with mass media knowledge; age of mother; education and occupation of mother; suffering from chronic disease; decision making person for seeking health care; time lapse in approaching the health care facility; income loss due to children illnesses
	Lungu (2020) ⁵³	Caregivers of children under 5 years of age in slums	Malawi	Cross-sectional study	Quantitative	Healthcare-seeking behaviour	Age; illness was perceived to be severe; fever; home management of childhood illness
						Timely healthcare seeking behaviour	Home management of childhood; knowledge of caregivers about child danger signs
	McNairy (2019) ¹⁹	Slum households with children ≤ 5 years old	Haiti	Cross-sectional study	Quantitative	Healthcare access	Inability to afford care
	Hutain (2019) ¹⁰⁰	Caregiver at the time of the child's death in slums	Sierra Leone	Cross-sectional study	Mixed-method	Health care-seeking	Use of traditional medicine; difficulty reaching the health facility; doubts about need for medical care; mistreatment by staff
	Kerai (2019) ⁵⁶	Caregiver of children aged 2 months to 5 years in slums	Pakistan	Cross-sectional study	Quantitative	Healthcare-seeking behaviour	Age of child; gender of child; income; education of caretaker; vaccine awareness; breastfeeding awareness;

							presence of symptoms such as fever, tachypnea, chest indrawing, persistent vomiting, recurrent illness.
	Lungu (2018) ¹¹⁰	Caregivers of children under 5 years of age in slums	Malawi	Prospective study	Quantitative	Healthcare-seeking behaviour	Cost; waiting time; availability of medicines and supplies; attitude of health workers; thorough examination of the child
						Willingness to pay for the health facility	Waiting time; availability of medicine and equipment; superficial or thorough examination; attitude of health workers
	Kamati (2019) ⁷³	Slum residents	Namibia	Cross-sectional study	Mixed-method	Self-medication	Perceived diagnosis as “minor or mild”; waiting times and queues to receive care
	Mishra (2017) ⁶⁵	Mothers living in slums with a child and migrated recently	India	Cross-sectional study	Quantitative	Healthcare seeking behaviour	Symptoms and severity
	Lungu (2016) ⁸⁵	Caregivers and health providers in slums	Malawi	Longitudinal study	Qualitative	Healthcare-seeking behaviour	Home management; lack of medicines and supplies; waiting times; facility opening times; attitude of health workers; suboptimal examination of the sick child; distance to health facility; cost of healthcare
Healthcare for women	Muralidharan (2019) ¹²³	Girls and mothers in slums	India	Cross-sectional study	Qualitative	Healthcare-seeking behaviour	Proximity of healthcare facilities
	Nasrin (2019) ¹¹¹	Married women with a child in slums	Bangladesh	Cross-sectional study	Mixed-method	Healthcare-seeking behaviours	Inability to spend the treatment cost

	Jayaweera (2018) ⁷⁹	Girls and women in slums	Kenya	Cross-sectional study	Qualitative	Access to contraception and abortion in health facilities	Stigma; lack of education about safe methods of abortion; perceived illegality of abortion; limited access to services because of financial barrier; fear of mistreatment and mistrust of health providers/facilities; geographical proximity
	Williams (2018) ¹³⁰	Mothers and medical personnel in slums	Bangladesh	Cross-sectional study	Qualitative	Mental healthcare seeking	Culture and stigma
	Ilankoo (2018) ⁷⁸	Women in slums	Sri Lanka	Cross-sectional study	Qualitative	Health-seeking behaviours related to vaginal discharge	Confusion in differentiating normal from abnormal vaginal discharge; effects on day-to-day life; confusion toward the causative factors; difficulties in disclosing; neglecting behaviours; and socio-cultural influences toward health-seeking behaviours.
	Athie (2017) ¹³¹	Anxious and depressed women in slums	Brazil	Cross-sectional study	Qualitative	Healthcare seeking behaviour	High medical turnover and overload of healthcare providers
	Sudhinaraset (2016) ⁹⁰	Mothers and their families in slums	India	Cross-sectional study	Qualitative	Maternal health services and delivery experiences	Financial barriers; disrespectful care
	Pune Municipal corporation ³⁸	Recently delivered slum residents	India	Cross-sectional study	Mixed-method	Seeking front-line worker during labor	No time to call; family did not allow; being out of town; lack of trust; delivery at night
						Going to the Referred Place for Pregnancy Complications	Not necessary; family did not allow; lack of trust/poor quality services; don't like going to a difference facility; too far; cost; no transportation; private hospital
Preference for	Das (2018) ¹⁰²	Slum	India	Cross-	Qualitative	Healthcare-seeking	Female prefer informal healers

healthcare providers		residents		sectional study		practice (preference for formal/informal healers)	(cultural competency of care, easy communication, gender-induced affordability, avoidance of social stigma and labelling, living with the burden of cultural expectations and geographical and cognitive distance of formal health care)
	Angeli (2018) ¹⁰⁴	Slum residents	India	Cross-sectional study	Mixed-method	Choice between public or private hospital	Male prefer formal care (ease of access, quality of treatment, expected outcome of therapies)
Health insurance	Kalyango* (2021) ¹³⁷	Households in slum and non-slums	Uganda	Cross-sectional study	Qualitative	Willingness to pay for health insurance	Bottom-of-the pyramid patients visit a public hospital more than top-of-the-pyramid patients
HIV testing	Thomson (2018) ⁷²	Stakeholder including residents and healthcare service provider	Kenya	Cross-sectional study	Qualitative	HIV testing	Public and private providers; extended family enrolment
Expenditure	Mishra (2017) ⁵⁹	Slum households with a child aged 0–14 years and who had migrated within the last 12 years	India	Cross-sectional study	Quantitative	Treatment-seeking behaviour	Denial; complacency; fear of death; anticipation of unbearable stress; felt ill; had a partner die; learned that their partner was HIV-positive.

*Factors reported in the study were associated with participants covering both slum and non-slum residents. CVD: cardiovascular disease; HIV: human immunodeficiency virus; NGO: non-governmental organization; TB: tuberculosis.